## IL-1040-ES

- All forms must be 3.625 inches high and 8.5 inches wide.
- The scan line must start 1.625 inches from the left edge, and .25 .375 inches from the bottom edge of the form.
- Forms should be mailed to the following address:

## **ILLINOIS DEPARTMENT OF REVENUE**

SPRINGFIELD IL 62736-0001		Scan Line Content	
		(9)	Voucher Number (always 1) - (Position 1)
•	The IL-1040-ES consists of the following:  Form Content  (1) Software/Forms Developer ID Number (2) Primary's Social Security Number (SSN) (3) Primary SSN Check Digit (4) Taxpayers' Post (5) Spouse's (SSN) (6) Spouse SSN Check Digit (7) Taxpayers' Name and Address (8) Preparer's Phone Number	(10) (11) (12) (13) (14) (15)	Space - (Position 2) Primary's SSN - (Positions 3-11) Space - (Position 12) Primary SSN Check Digit - (Position 13) Space - (Position 14) Numeric Post - (Positions 15-22) Space - (Position 23) Spouse's SSN - (Positions 24-32) Space - (Position 33) Spouse SSN Check Digit - (Position 34) Space - (Position 35) Account Period Ending (APE) - (Positions 36-39)
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## Note:

- The Liability Period must be for the current tax year.
- The Numeric Post is a conversion from the taxpayer's post, which is the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 1 26 beginning with the letter A as 01, B as 02, and so on. A space is identified as 00. In the example above, 10151405 = JONE. If the name is less than 4 positions, left justify the name and fill the remaining positions with a space(00).

  Do not use a space(00) to replace hyphenation or spaces in a name.

EXAMPLE: Coe would be 03150500

Omit punctuation and spaces in a name. **Do not** substitute spaces for punctuation.

EXAMPLE: O'Connor would be 15031514 = OCON and De Hoya would be 04050815 = DEHO

The Account Period Ending is the last month and year of the tax year being paid.



